

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033329

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 164

FILED AUG 20 1962

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Douglass</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marshall</u>		Length of stay in 1b hours.	c. CITY OR TOWN <u>Omaha</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fitzgibbon Mem. Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3101 Miami</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Emerson none Jackson</u>		4. DATE OF DEATH Month Day Year <u>August 11, 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-14-36</u>
9. AGE (last birthday) <u>25</u>		10. IF UNDER 1 YEAR Months Days Hours Min. <u>10 27</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Omaha Nebr.</u>	
11. BIRTHPLACE (City and state or country) <u>Indianola Mississippi - U.S.A</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
13a. FATHER'S NAME <u>McKinnley Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Wade</u>	
14. NAME OF HUSBAND OR WIFE <u>Betty Jackson, wife</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	
16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT <u>Mrs. Betty Lee Jackson, Omaha Nebr.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Crushed Skull + chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>45 min.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> Accident <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>hit hiway detour marker at Hiway 40&amp;65 A.M.</u>	
20c. TIME OF INJURY Hour <u>5:30</u> a.m. Month, Day, Year <u>8-11-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hiway 40 + 65</u>		20f. CITY, TOWN, OR LOCATION <u>Hiway 40 + 65 - Saline</u>	
20g. COUNTY <u>Mo.</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased on _____ to _____ and last saw her/him alive on _____. Death occurred at <u>6:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. L. Lauder</u>		22b. ADDRESS <u>Marshall Mo</u>	
22c. DATE SIGNED <u>8-14-62</u>			
23a. BURNING, REMOVAL, REMOVAL (Specify)	23b. DATE <u>Aug. 14, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pilgram Rest Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Indianola Sunflower Co., Miss.</u>
24. FUNERAL DIRECTOR <u>George H. Green</u>	25. DATE RECD. BY LOCAL REG. <u>Aug. 14 - 62</u>	26. REGISTRAR'S SIGNATURE <u>Cecil A. Read</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ST  
7001 0 7 007  
AUG 28 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George H. Green

Licensed Embalmer No. 4220

P. O. Address Fullerton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.